PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 Ontogen 320												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TC	TAL CLAIMS	\mathcal{Z} 3					RATE	FEE	1	RATE	FEE	
FO	R	NUMBER FILED		NUMBER EXTRA			BASIC FE	₹ 355.00	OR	BASIC FEE	710.00	
TO	TAL CHARGEA	23 minus 20=		• 3			X\$ 9=		OR	X\$18=	54	
INC	EPENDENT C	9 minus 3 =					X40=		OR	X80=		
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT						1	1		
•-15	*If the difference in column 1 is less than zero, enter "0" in column 2							+135=		OR	+270=	
								TOTAL	Ц	OR	TOTAL	nioy.
6-100 CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 23	Minus	2	3	-		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MI	Minus	PENDENT	CLAIM	7	1	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
								TOTAL		OR	TOTAL ADOIT, FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)		-DOM: V E				
AMENDMENT B		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUME PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	.23	Minus	·2	3	= -		X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF MI	Minus	ENDENT	CLAIM	-		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							, [+135=		OR	+270=	
								TOTAL		OR	TOTAL	
ADDIT. FEE												
AENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER NUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT C	Total	•	Minus	••		z		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	lt	X40=			X80=	
Ľ	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	ENDENT	CLAIM		J f	/\7 V*		OR	70U=	
٠,	the entry in colu	+135=		OR	+270=	(
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3, "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE												
		ber Previously Pai					er fou	nd in the ap	propriate box	in col	umn 1.	

Application or Docket Number